

Mendota Lutheran Home
XX General Information
Question 12
2001

		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0011593

Facility Name: Mendota Lutheran Home

Address: 500 6th Street Mendota 61342

County: LaSalle

Telephone Number: (815) 539-7439 Fax #: (815) 538-3400

IDPA ID Number: 362212706001

Date of Initial License for Current Owners: 1952

Type of Ownership:

X

VOLUNTARY, NON-PROFIT

X

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/01 to 12/31/01 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)

(Type or Print Name) Chris S. Csernus

(Title) Administrator

Paid Preparer

(Signed)

(Print Name and Title) Carrie E. Echols, CPA President

(Firm Name & Address) Bokus & Echols, P.C. 609 Main Street Suite B, Mendota IL 61342

(Telephone) (815) 539-5666 Fax #: (815) 539-5665

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID

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Name: Chris S. Csernus	Telephone Number: (815) 539-7439	201 S. Grand Avenue East Springfield, IL 62763-0001	Phone # (217) 782-1630
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Facility Name & ID Number Mendota Lutheran Home

0011593 Report Period Beginning: 01/01/01 Ending: 12/31/01

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

D. How many bed-hold days during this year were paid by Public Aid?
101 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?
YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☒ NO ☐

I. On what date did you start providing long term care at this location?
Date started 12/28/1953

J. Was the facility purchased or leased after January 1, 1978?
YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?
YES ☐ NO ☒ If YES, enter number
of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	119	Intermediate (ICF)	119	43,435	3
4		Intermediate/DD			4
5	14	Sheltered Care (SC)	14	5,110	5
6		ICF/DD 16 or Less			6
7	133	TOTALS	133	48,545	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	9,660	32,160		41,820	10
11	ICF/DD					11
12	SC		2,551		2,551	12
13	DD 16 OR LESS					13

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14	TOTALS	9,660	34,711		44,371	14
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C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 91.40%

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

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V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	A. General Services	1	2	3	4	5	6	7	8			
1	Dietary	278,703	43,087	7,267	329,057		329,057	(5,024)	324,033			1
2	Food Purchase		322,967		322,967		322,967	(10,200)	312,767			2
3	Housekeeping	111,495	31,736		143,231		143,231		143,231			3
4	Laundry	77,133	13,222		90,355		90,355		90,355			4
5	Heat and Other Utilities			133,108	133,108		133,108	(1,028)	132,080			5
6	Maintenance	69,472	25,338	14,974	109,784		109,784	(2,194)	107,590			6
7	Other (specify):*											7
8	TOTAL General Services	536,803	436,350	155,349	1,128,502		1,128,502	(18,446)	1,110,056			8
	B. Health Care and Programs											
9	Medical Director			9,000	9,000		9,000		9,000			9
10	Nursing and Medical Records	2,091,098	132,342	308,053	2,531,493	(47,813)	2,483,680		2,483,680			10
10a	Therapy											10a
11	Activities	83,057	5,654	3,265	91,976	47,813	139,789		139,789			11
12	Social Services	46,666	154	186	47,006		47,006		47,006			12
13	Nurse Aide Training	45,698	7,500	140	53,338		53,338	(13,494)	39,844			13
14	Program Transportation		4,597		4,597		4,597	(1,456)	3,141			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,266,519	150,247	320,644	2,737,410		2,737,410	(14,950)	2,722,460			16
	C. General Administration											
17	Administrative	70,357		1,537	71,894		71,894		71,894			17
18	Directors Fees											18
19	Professional Services			32,521	32,521		32,521		32,521			19
20	Dues, Fees, Subscriptions & Promotions			40,902	40,902	(94)	40,808	(9,213)	31,595			20
21	Clerical & General Office Expenses	132,004	14,472	9,255	155,731	94	155,825	(29)	155,796			21
22	Employee Benefits & Payroll Taxes			491,723	491,723		491,723		491,723			22
23	Inservice Training & Education			2,000	2,000		2,000		2,000			23
24	Travel and Seminar			11,502	11,502		11,502		11,502			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			51,507	51,507		51,507	(20,604)	30,903			26
27	Other (specify):*											27
28	TOTAL General Administration	202,361	14,472	640,947	857,780		857,780	(29,846)	827,934			28

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29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,005,683	601,069	1,116,940	4,723,692		4,723,692	(63,242)	4,660,450			29
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*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			277,942	277,942		277,942	(2,195)	275,747			30
31	Amortization of Pre-Op. & Org.			4,696	4,696		4,696	(4,696)				31
32	Interest			19,179	19,179		19,179	(19,179)				32
33	Real Estate Taxes			3,041	3,041		3,041	(3,041)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			11,300	11,300		11,300		11,300			35
36	Other (specify):*											36
37	TOTAL Ownership			316,158	316,158		316,158	(29,111)	287,047			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops		28,089		28,089		28,089	(28,089)				40
41	Coffee and Gift Shops		2,003		2,003		2,003	(2,003)				41
42	Provider Participation Fee			65,153	65,153		65,153		65,153			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		30,092	65,153	95,245		95,245	(30,092)	65,153			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,005,683	631,161	1,498,251	5,135,095		5,135,095	(122,445)	5,012,650			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(15,224)	1,2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(23,875)	31,32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(8,382)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees	(13,494)	13		27
28	Yellow Page Advertising	(458)	20		28
29	Other-Attach Schedule see schedule page 5a	(61,012)			29

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (122,445)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule					45

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30	SUBTOTAL (A): (Sum of lines 1-29)	\$	(122,445)	\$	30
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OHF USE ONLY							
48		49		50		51	

46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)	\$				47

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NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Utilities - Rental Property	\$ 1,028	5	1
2	Management fees - Rental Property	1,325	6	2
3	Refund snow removal	841	6	3
4	Repairs - Rental Property	2	6	4
5	Civic club dues	373	20	5
6	Depreciation - Rental Property	1,932	30	6
7	Depreciation - Non Care Assets	263	30	7
8	Real Estate Taxes - Non Care Property	3,041	33	8
9	Beauty shop expense	28,089	40	9
10	Gift shop expense	2,003	41	10
11	Van useage income	1,456	14	11
12	Copier receipts and rebate	29	21	12
13	Restitution for broken sign	26	6	13
14	Refund on workers compensation income	20,604	26	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21

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36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	61,012		49

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Summary A

Facility Name & ID Number Mendota Lutheran Home

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Report Period Beginning:

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SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	1,028	0	0	0	0	0	0	0	0	0	0	1,028	5
6	Maintenance	2,194	0	0	0	0	0	0	0	0	0	0	2,194	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	3,222	0	0	0	0	0	0	0	0	0	0	3,222	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	(13,494)	0	0	0	0	0	0	0	0	0	0	(13,494)	13
14	Program Transportation	1,456	0	0	0	0	0	0	0	0	0	0	1,456	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(12,038)	0	0	0	0	0	0	0	0	0	0	(12,038)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(8,467)	0	0	0	0	0	0	0	0	0	0	(8,467)	20
21	Clerical & General Office Expenses	29	0	0	0	0	0	0	0	0	0	0	29	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	20,604	0	0	0	0	0	0	0	0	0	0	20,604	26

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27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	12,166	0	0	0	0	0	0	0	0	0	0	12,166	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	3,350	0	0	0	0	0	0	0	0	0	0	3,350	29

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Summary B

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SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	2,195	0	0	0	0	0	0	0	0	0	0	2,195	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	3,041	0	0	0	0	0	0	0	0	0	0	3,041	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	5,236	0	0	0	0	0	0	0	0	0	0	5,236	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	28,089	0	0	0	0	0	0	0	0	0	0	28,089	40
41	Coffee and Gift Shops	2,003	0	0	0	0	0	0	0	0	0	0	2,003	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	30,092	0	0	0	0	0	0	0	0	0	0	30,092	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	38,678	0	0	0	0	0	0	0	0	0	0	38,678	45

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A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

[illegible]☐ **YES**☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13

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14	Total			\$		\$	\$ *	14
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* Total must agree with the amount recorded on line 34 of Schedule VI.

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VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 0	\$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

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VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Not applicable								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).

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**FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION**

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VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number**Fax Number**[illegible]

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25	TOTALS					\$		\$		\$	25
----	--------	--	--	--	--	----	--	----	--	----	----

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IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	First State Bank Mendota		X	Building Construction		6/30/95	\$ 1,235,000	\$ 170,000	8/01/2014	5.7500	\$ 19,179	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 1,235,000	\$ 170,000			\$ 19,179	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 1,235,000	\$ 170,000			\$ 19,179	15	

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**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)**

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2000 report.		\$	1,844	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	3,368	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	1,524	3	
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	1,517	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	3,041	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1996	2,395	8	
		1997	2,748	9	
		1998	2,862	10	
		1999	3,097	11	
		2000	3,368	12	
		FOR OHF USE ONLY			
		13	FROM R. E. TAX STATEMENT FOR 2000 \$	13	
		14	PLUS APPEAL COST FROM LINE 5 \$	14	
		15	LESS REFUND FROM LINE 6 \$	15	
		16	AMOUNT TO USE FOR RATE CALCULATION \$	16	

NOTES: 1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

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2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mendota Lutheran Home COUNTY LaSalle
FACILITY IDPH LICENSE NUMBER 0011593
CONTACT PERSON REGARDING THIS REPORT Chris S. Csernus
TELEPHONE (815) 539-7439 FAX #: (815) 538-3400

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1. <u>01-33-232-021</u>	<u>Rental house and lot</u>	\$ <u>3,119.58</u>	\$ <u></u>

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2.	<u>EN5-110-30</u>	<u>Oil well (gifted to home in bequest)</u>	\$ <u>247.42</u>	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u>3,367.00</u>	\$ _____

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 69,665 B. General Construction Type: Exterior Brick Frame Brick & Steel Number of Stories One story

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: See schedule 2. Number of Years Over Which it is Being Amortized: See schedule

3. Current Period Amortization: 4,696 4. Dates Incurred: See schedule

Nature of Costs: See schedule
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building site	63,000	1951 to 1975	\$ 82,752	1
2	Building site	53,760	1993	348,949	2
3	TOTALS	116,760		\$ 431,701	3

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	14		1962	1964	\$ 264,584	\$ 4,287	various	\$ 4,287	\$	\$ 258,421	4
5	45		1971	1971	472,968	14,190	various	14,190		450,052	5
6	31		1975	1975	595,519	19,826	various	19,826		516,224	6
7			1976	1976	280,167	9,339	30	9,339		238,138	7
8	43		1995	1995	2,607,338	67,158	40	67,158		419,737	8
	Improvement Type**										
9	Nite lights & door alarm			1971	1,244		10			1,244	9
10	Landscaping			1971	6,835		10			6,835	10
11	Bath tub ramp			1972	226		10			226	11
12	North entry alteration			1974	1,207		25			1,207	12
13	Emergency lights			1974	980		10			980	13
14	Emergency lights			1975	626		10			626	14
15	Landscaping			1976	1,086		10			1,086	15
16	Parking lot improvements			1977	3,177		10			3,177	16
17	Sprinkler system			1978	14,160		20			14,160	17
18	Water heater			1984	4,111		15			4,111	18
19	Cove molding			1985	2,457	98	25	98		1,652	19
20	Nurse call lites			1985	2,267		15			2,267	20
21	Heating system rev.			1985	11,343	567	20	567		9,592	21
22	Examination room			1985	5,869	196	30	196		3,248	22
23	Water heater booster			1985	782		15			782	23
24	Air conditioner / furnace			1986	3,552	178	20	178		2,742	24
25	Water heater			1986	773	40	15	40		773	25
26	Replace roof			1987	98,780	4,939	20	4,939		72,439	26
27	Phone system			1987	3,811	191	20	191		2,688	27
28	Cupboards			1987	303	15	20	15		220	28
29	Water heater - kitchen			1987	2,805	187	15	187		2,649	29
30	Rebuild elevator			1988	19,831	992	20	992		13,721	30
31	Basement room			1988	529	26	20	26		348	31
32	Egress window			1989	810	31	26	31		388	32
33	Phase monitor			1989	348	17	20	17		214	33
34	Water heater			1989	1,298	81	16	81		999	34
35	Soffits and gutters			1989	9,890	380	26	380		4,751	35
36	Total				4,419,676	122,738		122,738		2,035,697	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Water heaters	1989	\$ 2,681	\$ 168	16	\$ 168		\$ 2,154	37
38	Harris lounge light fixtures	1990	2,089		10			2,089	38
39	Replace roof south unit	1990	33,700	1,685	20	1,685		19,237	39
40	Getz hood	1990	870	43	20	43		521	40
41	Tub room	1990	3,478	116	30	116		1,373	41
42	Code alert system	1990	17,344	1,156	15	1,156		13,680	42
43	Office electrical wiring	1990	1,283	64	20	64		715	43
44	Ceiling in office/lounge	1990	5,181	199	26	199		2,198	44
45	Medication room	1991	18,286	610	30	610		6,709	45
46	Fire alarm system	1991	14,683	734	20	734		7,646	46
47	Doors monitor & nurse call	1991	2,971	198	15	198		1,980	47
48	Water heaters	1991	2,776	185	15	185		1,958	48
49	Shower room remodeling	1991	3,362	112	30	112		1,176	49
50	Black top parking lot	1991	3,180	212	15	212		2,208	50
51	Fire door in serving window	1993	3,373	211	16	211		2,022	51
52	Air conditioner compressor	1993	2,482	248	10	248		2,067	52
53	Air conditioner compressor	1993	2,072	138	10	138		1,162	53
54	Radiator covers	1993	6,405	320	20	320		2,721	54
55	Parking lot improvements	1994	1,962	196	10	196		1,584	55
56	Renovation of south unit	1994	4,551	228	20	228		1,728	56
57	Cross connection corrections	1994	10,878	544	20	544		4,080	57
58	Parking lot	1994	141,458	9,431	15	9,431		67,588	58
59	Pressure back flow device	1995	5,567	223	25	223		1,523	59
60	South unit - laundry remodeling	1995	9,165	458	20	458		2,889	60
61	Landscaping	1996	2,841	284	10	284		1,775	61
62	Fence - west wing	1996	2,288	286	8	286		1,788	62
63	Water heater	1996	1,208	80	15	80		476	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 4,725,810	\$ 140,867		\$ 140,867	\$	\$ 2,190,744	70

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 4,725,810	\$ 140,867		\$ 140,867	\$	\$ 2,190,744	1
2	Lights in office	1996	2,632	132	20	132		780	2
3	2' water meter - west wing	1996	895	45	20	45		259	3
4	Light fixtures upstairs	1996	1,168	58	20	58		330	4
5	Vent in oxygen storage room	1996	685	46	15	46		259	5
6	Light fixture - dining room	1996	2,919	146	20	146		815	6
7	Ceiling tile - dining room	1996	982	65	15	65		359	7
8	Lights - rooms & halls center unit	1997	27,704	2,770	10	2,770		13,390	8
9	9 Zonline heater/air conditioners	1997	6,299	630	10	630		2,782	9
10	Remodel/refurbish rooms & hall	1997	50,949	3,397	15	3,397		13,870	10
11	Fire annunciator panel	1997	2,718	181	15	181		739	11
12	Remodel nurses station	1997	13,762	917	15	917		3,669	12
13	Lights - rooms & hall north unit	1997	18,469	1,847	10	1,847		8,927	13
14	Water heater	1997	4,210	281	15	281		1,193	14
15	Remodel refurbish rooms & hall north unit	1997	53,073	3,538	15	3,538		14,447	15
16	Fire annunciator panel	1997	2,717	181	15	181		739	16
17	Windows & ceiling tile	1997	3,261	163	20	163		734	17
18	Corner guards	1997	473	47	10	47		224	18
19	Landscape garage	1997	200	20	10	20		90	19
20	Handicap sidewalk pad	1997	1,242	83	15	83		367	20
21	Garage for van	1997	19,744	987	20	987		4,359	21
22	Petroleum tank removal	1998	6,656	444	15	444		1,702	22
23	Windows south unit	1998	10,393	1,039	10	1,039		3,637	23
24	Windows & doors center unit	1998	9,632	963	10	963		3,371	24
25	Lights, handrails & carpet	1998	16,378	1,638	10	1,638		5,733	25
26	New roof	1998	151,886	15,189	10	15,189		53,161	26
27	Code alert system	1998	35,360	3,536	10	3,536		12,376	27
28	Smoke alarms	1998	4,718	472	10	472		1,652	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,174,935	\$ 179,682		\$ 179,682	\$	\$ 2,340,708	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,174,935	\$ 179,682		\$ 179,682	\$	2,340,708	1
2	Fire alar system upgrade	1998	6,902	690	10	690		2,415	2
3	Air conditioners	1998	6,299	630	10	630		2,205	3
4	Water heater west wing	1998	4,197	280	15	280		980	4
5	Water softener west wing	1998	6,213	621	10	621		2,174	5
6	Light north unit	1998	4,061	406	10	406		1,421	6
7	Outdoor wiring & installation	1999	10,529	526	20	526		1,491	7
8	Firesafing drywall	1999	27,134	1,809	15	1,809		4,522	8
9	Air conditioners	1999	1,899	190	10	190		475	9
10	Computer wiring	1999	2,154	108	20	108		243	10
11	Cabinet & Carpentry work	1999	10,239	683	15	683		1,707	11
12	Plumbing campbell lounge	1999	3,287	165	20	165		412	12
13	Electrical fixtures campbell lounge	1999	1,014	101	10	101		253	13
14	New drains south unit	2000	3,159	158	20	158		237	14
15	Water heater center unit	2000	7,933	793	10	793		1,190	15
16	Water heaters & plumbing	2000	2,141	214	10	214		321	16
17	Water valve west wing	2000	1,027	51	20	51		85	17
18	Roof replacement north unit	2001	167,190	697	20	697		697	18
19	Water heater north unit	2001	4,298	215	10	215		215	19
20	Replace faucets north unit	2001	3,162	158	10	158		158	20
21	Sign	2001	2,010	100	10	100		100	21
22	Admin renovation & computer room	2001	2,337	117	10	117		117	22
23	Remodeling assisted living area	2001	79,634	3,096	20	3,096		3,096	23
24	Remodeling assisted living area	2001	34,991	1,850	10	1,850		1,850	24
25	Water heater	2001	382	19	10	19		19	25
26	Central wing lounge expansion	2001	56,596	943	20	943		943	26
27	Install eyewash station	2001	1,962	98	10	98		98	27
28	Building construction - continued from page 12	1983	65,250	2,175	30	2,175		41,325	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,690,935	\$ 196,575		\$ 196,575	\$	2,409,457	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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C. Equipment Depreciation-Excluding Transportation. (See instructions.)

D. Vehicle Depreciation (See instructions.)*

E. Summary of Care-Related Assets

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

G. Construction-in-Progress

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91	TOTALS	\$	66,271	\$	2,195	\$	24,220	91
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* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

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Facility Name & ID Number	Mendota Lutheran Home
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0011593

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A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: **None**

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

✻✻

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

16. Rental Amount for movable equipment:	\$ 11,300	Description:	Four Mita copiers are leased from Modern Business Systems, Ottawa Il
---	------------------	---------------------	---

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	None		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. **1/2002** §

13. /2003 \$

14.  /2004 \$ 

*** If there is an option to buy the building, please provide complete details on attached schedule.**

**** This amount plus any amortization of lease expense must agree with page 4, line 34.**

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XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.		IN-HOUSE PROGRAM <input checked="" type="checkbox"/>	IN-HOUSE PROGRAM <input checked="" type="checkbox"/>
		IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
		COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER AIDE <u>65</u>
		HOURS PER AIDE <u>115</u>	

B. EXPENSES

ALLOCATION OF COSTS (d)

		1		2		3	4
		Facility					
		Drop-outs	Completed	Contract		Total	
1	Community College Tuition	\$	\$	\$		\$	
2	Books and Supplies	705	3,572	423		4,700	
3	Classroom Wages (a)		6,442			6,442	
4	Clinical Wages (b)		3,624			3,624	
5	In-House Trainer Wages (c)	5,345	27,080	3,207		35,632	
6	Transportation						
7	Contractual Payments						
8	Nurse Aide Competency Tests		1,350	350		1,700	
9	TOTALS	\$ 6,050	\$ 42,068	\$ 3,980		\$ 52,098	
10	SUM OF line 9, col. 1 and 2 (e)	\$ 48,118					

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ 2,800

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	41
2. From other facilities (f)	5
DROP-OUTS	
1. From this facility	6
2. From other facilities (f)	2
TOTAL TRAINED	54

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

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your facility. Drop-out costs can only be for costs incurred by your own aides.

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XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	none	hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

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XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/01

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 751,826	\$	1
2	Cash-Patient Deposits	3,825		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	186,540		3
4	Supply Inventory (priced at cost)	50,716		4
5	Short-Term Investments			5
6	Prepaid Insurance	17,513		6
7	Other Prepaid Expenses	7,341		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): interest receivable	24,178		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,041,939	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,940,348		12
13	Land	437,201		13
14	Buildings, at Historical Cost	5,751,706		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,140,745		16
17	Accumulated Depreciation (book methods)	(3,147,867)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	14,149		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
	TOTAL Long-Term Assets			

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 137,752	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,825		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	180,460		30
31	Accrued Taxes Payable (excluding real estate taxes)	9,173		31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,517		32
33	Accrued Interest Payable	4,309		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 337,036	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	170,000		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 170,000	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 507,036	\$	46

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24	(sum of lines 11 thru 23)	\$ 6,136,282	\$	24
	TOTAL ASSETS			
25	(sum of lines 10 and 24)	\$ 7,178,221	\$	25

47	TOTAL EQUITY(page 18, line 24)	\$ 6,671,185	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,178,221	\$	48

*(See instructions.)

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XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,739,998	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,739,998	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(68,813)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (68,813)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 6,671,185	24 *

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*** This must agree with page 17, line 47.**

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XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1		2	
Revenue	Amount		
A. Inpatient Care			
1 Gross Revenue -- All Levels of Care	\$ 4,661,290	1	
2 Discounts and Allowances for all Levels	()	2	
3 SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,661,290	3	
B. Ancillary Revenue			
4 Day Care		4	
5 Other Care for Outpatients		5	
6 Therapy	6,344	6	
7 Oxygen		7	
8 SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,344	8	
C. Other Operating Revenue			
9 Payments for Education		9	
10 Other Government Grants		10	
11 Nurses Aide Training Reimbursements	13,484	11	
12 Gift and Coffee Shop	3,261	12	
13 Barber and Beauty Care	25,866	13	
14 Non-Patient Meals	3,336	14	
15 Telephone, Television and Radio		15	
16 Rental of Facility Space		16	
17 Sale of Drugs		17	
18 Sale of Supplies to Non-Patients		18	
19 Laboratory		19	
20 Radiology and X-Ray		20	
21 Other Medical Services		21	
22 Laundry		22	
23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 45,947	23	
D. Non-Operating Revenue			
24 Contributions	235,253	24	
25 Interest and Other Investment Income***	71,135	25	
26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 306,388	26	

2		3	
Expenses	Amount		
A. Operating Expenses			
31 General Services	1,128,502	31	
32 Health Care	2,737,410	32	
33 General Administration	857,780	33	
B. Capital Expense			
34 Ownership	316,158	34	
C. Ancillary Expense			
35 Special Cost Centers	30,092	35	
36 Provider Participation Fee	65,153	36	
D. Other Expenses (specify):			
37		37	
38		38	
39		39	
40 TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,135,095	40	
41 Income before Income Taxes (line 30 minus line 40)**	(68,813)	41	
42 Income Taxes		42	
43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (68,813)	43	

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income

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Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other revenue (see schedule)	46,313	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 46,313	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,066,282	30

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XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,920	2,080	\$ 45,358	\$ 21.81	1
2	Assistant Director of Nursing	1,920	2,080	40,260	19.36	2
3	Registered Nurses	18,254	19,775	351,050	17.75	3
4	Licensed Practical Nurses	17,923	20,284	313,289	15.45	4
5	Nurse Aides & Orderlies	106,890	117,080	1,137,715	9.72	5
6	Nurse Aide Trainees	1,597	1,597	10,066	6.30	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,907	4,301	60,215	14.00	8
9	Activity Director	1,887	2,091	19,936	9.53	9
10	Activity Assistants	14,305	14,742	99,880	6.78	10
11	Social Service Workers	5,250	5,915	46,666	7.89	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	27,681	13.31	13
14	Head Cook	11,082	11,969	97,643	8.16	14
15	Cook Helpers/Assistants	13,378	14,228	99,854	7.02	15
16	Dishwashers	7,760	8,089	53,525	6.62	16
17	Maintenance Workers	5,884	6,249	69,472	11.12	17
18	Housekeepers	13,796	15,215	111,495	7.33	18
19	Laundry	10,291	10,858	77,133	7.10	19
20	Administrator	2,080	2,080	70,357	33.83	20
21	Assistant Administrator					21
22	Other Administrative	2,080	2,080	34,567	16.62	22
23	Office Manager					23
24	Clerical	10,306	11,283	97,437	8.64	24
25	Vocational Instruction	1,953	2,151	35,632	16.57	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,026	6,458	95,397	14.77	31
32	Other Health Care <u>(specify)</u>					32

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	182	\$ 7,267	line 1, col 3	35
36	Medical Director	100	9,000	line 9, col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant	36	1,814	line 10, col3	38
39	Pharmacist Consultant	144	3,540	line10,col 3	39
40	Physical Therapy Consultant	49	2,675	line10,col 3	40
41	Occupational Therapy Consultant	23	1,187	line10,col 3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	7	344	line11,col 3	44
45	Social Service Consultant	16	186	line12,col 3	45
46	Other(specify)				46
47	<u>Nursing aide training</u>	7	140	line13,col 3	47
48					48
49	TOTAL (lines 35 - 48)	564	\$ 26,153		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,412	\$ 107,108		50
51	Licensed Practical Nurses	2,183	72,713		51
52	Nurse Aides	5,064	94,061		52
53	TOTAL (lines 50 - 52)	9,659	\$ 273,882		53

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33	Other(specify) <u>Chaplin</u>	633	633	11,055	17.46	33
34	TOTAL (lines 1 - 33)	261,202	283,318	\$ 3,005,683 *	\$ 10.61	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount		Description	Amount
Chris S. Csernus	Administration	0	\$ 70,357	Workers' Compensation Insurance	\$	83,424	IDPH License Fee	\$ 100
				Unemployment Compensation Insurance			Advertising: Employee Recruitment	10,439
				FICA Taxes		218,270	Health Care Worker Background Check	1,501
				Employee Health Insurance		151,280	(Indicate # of checks performed 135)	
				Employee Meals			Membership dues	5,753
				Illinois Municipal Retirement Fund (IMRF)*			Subscriptions & publications	1,984
				Employer share 401K pension		28,012	Advertising, promotion & other	19,952
				Employee awards & meetings		9,296	License for corporation	15
				Employee physicals		1,441	Bank fees & charges	1,064
							Civic club dues	(373)
							Less: Public Relations Expense	(5,006)
							Non-allowable advertising	(3,376)
							Yellow page advertising	(458)
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)								
			\$ 70,357					
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
Description			Amount		\$	491,723		\$ 31,595
Administration consultant - account reviews			\$ 1,537					
Computer consulting								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)								
			\$ 1,537					
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Duane, Morris & Heckscher	attorney		\$ 7,066			\$	Out-of-State Travel	\$
Hinshaw & Culbertson	labor attorney		1,662				reimburse auto mileage - employees	
Amcore Bank	account analysis		277				for local travel required by home	345
Bokus & May, P.C.	reporting & support		4,632				In-State Travel	3,523
First State Bank	audit seminar, bond admin		584					
Lindgren, Callihan, Vanosdol	audit		8,250					
Terry's Computer Shack	computer consultant		8,091					
Quick Care	clinical support		1,959				Seminar Expense	7,634
							Entertainment Expense	()

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TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)	\$ 32,521	TOTAL	\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 11,502
* Attach copy of IMRF notifications			**See instructions.		

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XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Paint & Paper Activity	6/1997	\$ 633	5	\$ 127	\$ 127	\$ 127	\$ 127	\$ 51	\$	\$	\$	\$
2	Decorate dining room	11/1997	303	5	61	61	61	61	49				
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 936		\$ 188	\$ 188	\$ 188	\$ 188	\$ 100	\$	\$	\$	\$

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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. see schedule
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 9 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 49,770 Line 10 col 2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 65,153
This amount is to be recorded on line 42 of Schedule V.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 15,224
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ None
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Lindgren, Callihan, VanOsdel & Co.,Ltd. The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out

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(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? X If YES, attach an explanation of the allocation.

out of Schedule V? Yes

(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

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Schedule V - Cost Center Expense Reclassifications

<u>Line No.</u>	<u>Operating Expense</u>	<u>Reason</u>	<u>Amount</u>
10	Nursing & medical records	activity assistants	-47813
11	Activities	activity assistants	47813
20	Dues, fees, and subscriptions	printing envelopes	-94
21	General office expense	printing envelopes	94

Schedule XIII (f) Expenses Relating to Nurse Aid Training

Nurses aides trained at our facility for other homes:

Shabbona Health Care Center	409 West Comanche Ave., Shabbona, IL 60550
Walnut Manor	308 S. Second St., Walnut, IL 61376
Provena Mercy Hospital	126 S Main St., Oswego IL 60543

Schedule XIII (e)

The nursing home received a grant for \$4,338 from the Illinois Dept of Revenue for in home training of nursing aides therefore, the Schedule V line 13 column 8 is less then the Drop out & Completed costs. The grant proceeds are included on line 27 of Schedule 6 on Page 5 as Nurse Aide Training and non-employees.

Schedule X - Building and General Information

Page 11 - Item F total amount incurred:

Bond financing costs	27866
Capitalized interest	16148
Total	44014

Page 11 - Item F 2 - # of years over which it is being amortized

Bond financing costs	19 years
Capitalized interest	5 years

Page 11 - Item F 4 - Dates incurred

Bond financing costs	1993 and 1994
Capitalized interest	6/30/95 to 9/21/95

Nature of Costs:

Bond financing - to secure & issue bonds for 1994 construction

Interest accrued from the time new building was completed and the license issued by Illinois Dept of Health to begin using building

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Schedule XVII Income Statement - Schedule E line 28 - other revenue

	<u>offset to expense</u>		
Van Usage income	Page 3	Line 14	1,456
Employee meals	Page 3	Line 1 & 2	11,888
Workers Compensation Ins. Audit refund	Page 3	Line 26	20,212
Copy charges & rebate	Page 3	Line 21	29
Reimburse snow removal	Page 3	Line 6	841
Vending machine income			1,842
Recycling proceeds			1,569
Rental property income			8,450
Restitution for broken sign	Page 3	Line 6	26
Total Other Income			<u>\$ 46,313</u>

Schedule XIX - Support Schedules Travel & Seminar Exp-Item G refer to page 26,27,28,29

Schedule XX - General Information

Question 12 - Schedule of Allocation of Salaries refer to page 30 & 31

Item 19 - Summary of Services - Attorney expenses

Hinshaw & Culbertson-employee manual, employment issues, compensation package	1,662
Duane, Morris & Hecksher LLP - Abuse Prevention,assisted living facility drug testing policy & workers compensation	7,066
Total Attorney Expenses	8,728

Schedule XII Rental Costs

Detail of leased equipment	
MITA 3060 G Copy machine	\$2,220 plus copies
MITA CS1435 Copy machine	\$780 plus copies
MITA 1460 Copy machine	\$882 plus copies
MITA 1470 Copy machine	\$882 plus copies
Copy machines are leased from Modern Business Services PO Box 754 Ottawa, IL 61350	

Schedule XX - General Information - Question 2

Life Services Network	\$ 4,048
UHF Purchasing Service	150
Lutheran Services in America	430
Employers Association	395
Mendota Chamber of Commerce	357

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Date	Sponsor of Seminar	Title of Seminar	Location	Individuals Attending	Job Titles	Cost of Seminar	Travel Costs
#####	Healthcare Information Network, Inc.	Restorative Dining Seminar	Naperville, IL	Karen Wold	Food Service Director	\$250.00	\$40.05
#####	Healthcare Information Network, Inc.	Restorative Dining Seminar		Traci Snodgrass	Dietary Aide		
#####	IVCC	Access Training	Oglesby, IL	Nyla Krabbenhoft	Comptroller	\$79.25	
#####	Whiteside Area Vocational Center	Refresher Course on Food Safety for Recertification	Sterling, IL	Elsie Truckenbrod	Dietary Aide	\$75.00	\$7.74
#####	Whiteside Area Vocational Center	Refresher Course on Food Safety for Recertification		Rose Buster	Dietary Aide		\$36.99
#####	Whiteside Area Vocational Center	Refresher Course on Food Safety for Recertification		Sandra Mann	Dietary Aide		\$8.80
#####	Life Services Network	Wellspring Coord. Meeting	Metamora, IL	Kim Stenzel	Asst. Director of Nursing		\$47.13
#####	Life Services Network	LSN Trust Board Meeting	St. Charles, IL	Chris Csernus	Administrator		\$56.65
#####	Central IL Chapter Alzheimer Association	Climbing Closer to Our Goals	Peoria, IL	Doris Johnson	Education Director	\$275.00	
#####	Central IL Chapter Alzheimer Association	Climbing Closer to Our Goals		Laura Weiler	Certified Nurse Aide		
#####	Central IL Chapter Alzheimer Association	Climbing Closer to Our Goals		Pat Weiler	Certified Nurse Aide		\$66.93
#####	Central IL Chapter Alzheimer Association	Climbing Closer to Our Goals		Margaret Schlesinger	Certified Nurse Aide		
#####	Central IL Chapter Alzheimer Association	Climbing Closer to Our Goals		Jean Kobylecky	Certified Nurse Aide		
#####	Bunn-Capital	Food Show & Seminar	Decatur IL	Karen Wold	Food Service Director		\$16.99
#####	Bunn-Capital	Food Show & Seminar		Traci Snodgrass	Dietary Aide		
#####	Bunn-Capital	Food Show & Seminar		Rose Buster	Dietary Aide		
#####	Bunn-Capital	Food Show & Seminar		Sandra Mann	Dietary Aide		
#####	Life Services Network	Wellspring Training	Eureka IL	Chris Csernus	Administrator		\$51.06
#####	Lincoln Land Community College	CNA Instructor Conference 2001	Springfield, IL	Doris Johnson	Education Director	\$55.00	\$110.12
#####	Life Services Network	Wellspring Management Training	Morton, IL			\$667.06	\$54.50
#####	Life Services Network	Wellspring Management Training		Chris Csernus	Administrator		
#####	Life Services Network	Wellspring Management Training		Pat Peterson	Director of Nursing		
#####	Life Services Network	Wellspring Management Training		Kim Stenzel	Asst. Director of Nursing		
#####	Life Services Network	Wellspring Management Training		Nyla Krabbenhoft	Comptroller		
#####	Life Services Network	Wellspring Management Training		Cindy Stamberger	Social Service Director		
#####	Life Services Network	Wellspring Management Training		Connie Buchanan	Activity Director		
#####	Life Services Network	Wellspring Management Training		Karen Wold	Food Service Director		
#####	Life Services Network	Wellspring Management Training		Cathy Sterchi	Housekeeping Supervisor		
#####	Life Services Network	Wellspring Management Training		Dennis Bieser	Maintenance Supervisor		
#####	NurseNotes, Inc	Fluids, Lytes & Labs	Princeton, IL	Jan Bima	Care Plan Coord.	\$425.00	\$5.94
#####	NurseNotes, Inc	Fluids, Lytes & Labs		Mary Lundquist	Rehab Nurse		
#####	NurseNotes, Inc	Fluids, Lytes & Labs		Linda Truckenbrod	Care Plan Coord.		\$22.55
#####	NurseNotes, Inc	Fluids, Lytes & Labs		Doris Johnson	Education Director		\$10.27
#####	NurseNotes, Inc	Fluids, Lytes & Labs		Mary Ann Fischer	LPN		\$5.30
#####	Life Services Network	Spring Convention - All That You Can Be	Chicago, IL	Nyla Krabbenhoft	Comptroller	\$233.33	\$195.70
#####	Life Services Network	Spring Convention - All That You Can Be	Chicago, IL	Dennis Bieser	Maintenance Supervisor	\$233.33	\$19.10
#####	Life Services Network	Spring Convention - All That You Can Be	Chicago, IL	Chris Csernus	Administrator	\$233.34	\$135.49
#####	Central ILChapter Alzheimer Association	Train the Trainer Update	Dixon, IL	Doris Johnson	Education Director	\$35.00	\$24.63
#####	Life Services Network	LSN Trust Meeting	Lincoln, IL	Chris Csernus	Administrator		\$77.62
#####	Illinois Valley Community College	How to Create a Drug-Free Workplace	Oglesby, IL			\$30.00	\$27.55
#####	Life Services Network	Wellspring Elimination Module	Morton, IL	Kim Stenzel	Asst. Director of Nursing	\$1,796.32	\$31.95
#####	Life Services Network	Wellspring Elimination Module		Melissa Byrne	Certified Nurse Assistant		
#####	Life Services Network	Wellspring Elimination Module		Jan Bima	Care Plan Coord.		
#####	Life Services Network	Wellspring Elimination Module		Kelly Corrigan	Certified Nurse Assistant		
#####	Life Services Network	Wellspring Elimination Module		Jeanne Deepe	Certified Nurse Assistant		
#####	Life Services Network	Wellspring Elimination Module		Tammy Isaacs	Certified Nurse Assistant		
#####	Life Services Network	Wellspring Elimination Module		Susan Kruskop	LPN		
#####	Life Services Network	Wellspring Elimination Module		Catherine McDowell	RN		\$72.45
#####	Life Services Network	Wellspring Elimination Module		Cindy Washkowiak	Certified Nurse Assistant		
#####	Life Services Network	Wellspring Elimination Module					
#####	Illinois Valley Community College	How to Create a Drug-Free Workplace	Oglesby, IL	Chris Csernus	Administrator		\$13.80
#####	Illinois Valley Community College	How to Create a Drug-Free Workplace		Nyla Krabbenhoft	Comptroller		
#####	Alzheimers Association	Support Group Leader Meeting	Peoria, IL	Doris Johnson	Education Director		\$43.50
#####	Life Services Network	Wellspring Administrator's Meeting	Eureka, IL	Chris Csernus	Administrator		\$51.75
#####	Illinois Valley Hospital	Seminar on Speech Therapy	Peru, IL	Chris Csernus	Administrator		\$11.73
#####	Life Services Network	Your Medicaid Rate	Morton, IL	Nyla Krabbenhoft	Comptroller	\$95.00	\$108.68
#####	Life Services Network	Wellspring Administrator's Meeting	Eureka, IL	Chris Csernus	Administrator		\$51.41

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#####	Life Services Network	Wellspring Coord. Meeting	Toluca, IL	Kim Stenzel	Asst. Director of Nursing		\$40.71	
#####	Life Services Network	Wellspring Coord. Meeting					\$5.83	
#####	Life Services Network	Wellspring Administrator's Meeting	Eureka, IL	Chris Csernus	Administrator		\$51.75	
#####	First State Bank	CPR Training	Mendota, IL	Doris Johnson	Education Director		\$406.25	
#####	Life Services Network	LSN Trust Meeting	Bloomington, IL	Chris Csernus	Administrator		\$55.20	
#####	Life Services Network	Wellspring Coord. Meeting	Toluca, IL	Kim Stenzel	Asst. Director of Nursing		\$30.02	
#####	Life Services Network	Wellspring Coord. Meeting					\$8.75	
#####	Alzheimers Association	Support Group Leader Meeting	Peoria, IL	Doris Johnson	Education Director		\$40.74	
#####	Life Services Network	Wellspring Management Follow-up	Morton, IL			\$187.15		
#####	Life Services Network	Wellspring Management Follow-up		Chris Csernus	Administrator			
#####	Life Services Network	Wellspring Management Follow-up		Pat Peterson	Director of Nursing			
#####	Life Services Network	Wellspring Management Follow-up		Kim Stenzel	Asst. Director of Nursing			
#####	Life Services Network	Wellspring Management Follow-up		Nyla Krabbenhoft	Comptroller		\$50.02	
#####	Life Services Network	Wellspring Management Follow-up		Cindy Stamberger	Social Service Director			
#####	Life Services Network	Wellspring Management Follow-up		Connie Buchanan	Activity Director			
#####	Life Services Network	Wellspring Management Follow-up		Karen Wold	Food Service Manager			
#####	Life Services Network	Wellspring Management Follow-up		Cathy Sterchi	Housekeeping Supervisor			
#####	Life Services Network	Wellspring Coord. Meeting	ElPaso, IL	Kim Stenzel	Asst. Director of Nursing		\$45.20	
#####	Life Services Network	Wellspring Coord. Meeting					\$17.50	
#####	Life Services Network	Fall Educational Conference	Springfield, IL			\$340.00	\$171.81	
#####	Life Services Network	Fall Educational Conference		Chris Csernus	Administrator		\$107.72	
#####	Life Services Network	Fall Educational Conference		Nyla Krabbenhoft	Comptroller		\$99.71	
#####	Sauk Valley Community College	Sanitation Class	Dixon, IL	Tracy Moore	Dietary Aide	\$51.00		
#####	Sauk Valley Community College	Sanitation Class Book		Tracy Moore	Dietary Aide	\$55.44		
#####	Life Services Network	Elimination Manuals				\$150.00		
#####	Life Services Network	Wellspring Falls Module	Morton, IL			\$1,314.29		
#####	Life Services Network	Wellspring Falls Module		Kim Stenzel	Asst. Director of Nursing			
#####	Life Services Network	Wellspring Falls Module		Arlene Archer	Activity Aide			
#####	Life Services Network	Wellspring Falls Module		Carolyn Motter	Office Secretary			
#####	Life Services Network	Wellspring Falls Module		Mary Lundquist	Rehab Nurse			
#####	Life Services Network	Wellspring Falls Module		Linda Hallberg	LPN			
#####	Life Services Network	Wellspring Falls Module		Ashley Crook	Certified Nurse Assistant		\$70.38	
#####	Life Services Network	Wellspring Falls Module		Jamie Keigley	Certified Nurse Assistant			
#####	Life Services Network	Wellspring Falls Module		Jacqueline Marcellis	Certified Nurse Assistant			
#####	Life Services Network	Wellspring Falls Module		Nicole West	Certified Nurse Assistant			
#####	Life Services Network	Wellspring Falls Module	Morton, IL	Chris Csernus	Administrator		\$143.17	
#####	Life Services Network	Wellspring Coord. Meeting	Peoria, IL	Kim Stenzel	Asst. Director of Nursing		\$31.74	
#####	Life Services Network	Wellspring Coord. Meeting	Peoria, IL				\$12.93	
#####	Life Services Network	Wellspring Administrator's Meeting	Eureka, IL	Chris Csernus	Administrator		\$60.30	
#####	Lorman Education Services	Wage & Hour Law Update	Peoria, IL	Nyla Krabbenhoft	Comptroller	\$428.68	\$45.68	
#####	Lorman Education Services	Wage & Hour Law Update		Leah Sheaves	Payroll Clerk		\$12.42	
#####	Alzheimers Association	Caregiving A-Z Conference	Dixon, IL	Doris Johnson	Education Director	\$225.00	\$25.32	
#####	Alzheimers Association	Caregiving A-Z Conference		Lynn Gambrel	Certified Nurse Assistant			
#####	Alzheimers Association	Caregiving A-Z Conference		Linda Schultz	Certified Nurse Assistant		\$22.08	
#####	Alzheimers Association	Caregiving A-Z Conference		Chris Loy	Certified Nurse Assistant			
#####	Alzheimers Association	Caregiving A-Z Conference		Sherri Sondgeroth	Certified Nurse Assistant			
#####	Life Services Network	Wellspring Administrator's Meeting	Eureka, IL	Chris Csernus	Administrator		\$51.75	
#####	Life Services Network	LSN Trust Meeting	Chenoa, IL	Chris Csernus	Administrator		\$56.99	
#####	Kronos	Scheduling Seminar	Schaumburg, IL	Catherine McDowell	RN	\$400.00	\$84.67	
#####	Life Services Network	LSN Trust Meeting	Chenoa, IL	Chris Csernus	Administrator		\$51.75	
#####	Kronos	Scheduling Seminar	Schaumburg, IL	Catherine McDowell	RN		\$87.12	
#####	Life Services Network	Wellspring Coord. Meeting	Bloomington, IL	Kim Stenzel	Asst. Director of Nursing		\$62.79	
#####	Life Services Network	Wellspring Coord. Meeting		Pat Peterson	Director of Nursing		\$18.48	
#####	Life Services Network	LSN Trust Meeting	Oak Brook, IL	Chris Csernus	Administrator		\$67.67	
#####	Life Services Network	Wellspring Administrator's Meeting	Eureka, IL	Chris Csernus	Administrator		\$51.75	
#####	Life Services Network	Wellspring Coord. Meeting	Peru, IL	Kim Stenzel	Asst. Director of Nursing		\$28.36	
					Total	\$7,634.19	\$3,522.94	#####

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		Employee	HRS Paid and Accrued	Total Wages	Job Title	Department
		Abel, Stephanie	2	\$9.45	Housekeeper	Housekeeping
		Abel, Stephanie J	322	\$2,021.58	Dietary Aide	Dietary
		Ames, Debora	112	\$680.00	Housekeeper	Housekeeper
		Ames, Debora A	1,979	\$14,366.83	Laundry Aide	Laundry
		Ames, Mary	411	\$2,548.08	Housekeeper	Housekeeper
		Ames, Mary	169	\$1,059.07	Student	Nursing
		Ames, Mary L	891	\$7,729.51	CNA	Nursing
		Cuevas, Corina	1,088	\$10,059.64	CNA	Nursing
		Cuevas, Corina	164	\$1,006.60	Laundry Aide	Laundry Aide
		Faber, Bonnie	681	\$4,397.46	Dishwasher	
		Faber, Bonnie K	1,270	\$8,130.88	Housekeeper	Housekeeping
		Freiwald, Travis	10	\$75.13	Maintenance Worker	Maintenance
		Freiwald, Travis A	362	\$2,335.85	Laundry Aide	Laundry
		Garza, Minerva	212	\$1,317.62	Student	Nursing
		Garza, Minerva	595	\$4,977.52	CNA	Nursing
		Grote, Nancy	255	\$1,647.32	Activity Aide	Activity
		Grote, Nancy G	477	\$3,060.36	Social Service Aide	Social Services
		Hayward, Laura	383	\$2,444.61	Dishwasher	Dietary
		Hayward, Laura	626	\$5,805.53	CNA	Nursing
		Hoelzer, Amanda	407	\$2,536.17	Dishwasher	Dietary
		Hoelzer, Amanda L	229	\$2,155.74	CNA	Nursing
		House, Lisa	244	\$2,265.47	CNA	Nursing
		House, Lisa	346	\$2,154.58	N/A Companion	Activity
		House, Lisa L	36	\$226.25	Dietary Aide	Dietary
		Kaiser, Deb	791	\$5,155.08	Housekeeper	Housekeeping
		Kaiser, Deb	156	\$1,019.25	Student	Nursing
		Kaiser, Deborah L	1,052	\$9,340.78	CNA	Nursing
		Kobylecky, Jean	131	\$817.78	Dishwasher	Dietary
		Kobylecky, Jean	185	\$1,166.80	Student	Nursing
		Kobylecky, Jean A	1,059	\$10,228.11	CNA	Nursing

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	Nelson, Tammie	239	\$1,482.61	Dietary Aide	Dietary
	Nelson, Tammie L	162	\$1,420.56	CNA	Nursing
	Olivas, Bernabe	9	\$53.13	Student	Nursing
	Olivas, Bernabe	171	\$1,580.83	CNA	Nursing
	Olivas, Bernabe	50	\$322.21	N/A Companion	Acitivity
	Quiles, Carol	117	\$759.20	Activities	Activity
	Quiles, Carol A	1,086	\$7,061.28	S.S. Aide	Social Services
	Rapp Jessica	147	\$917.95	Student	Nursing
	Rapp, Jessica	633	\$3,955.96	Housekeeping	Housekeeping
	Rapp, Jessica E	805	\$7,431.26	CNA	Nursing
	Reppin Jennifer	98	\$612.50	Student	Nursing
	Reppin, Jennifer N	473	\$4,355.98	CNA	Nursing
	Reppin, Jennifer	584	\$3,638.24	N/A Companion	Activity
	Schammel, Sandra J	1,769	\$12,416.60	Housekeeper	Housekeeping
	Schammel. Sandra	120	\$1,029.68	N/A Companion	Activity
	Stamberger, Angie M	207	\$1,295.32	N/A Companion	Activity
	Stamberger, Angie M	147	\$939.79	Student	Nursing
	Stamberger, Angie M	178	\$1,509.53	CNA	Nursing
	Sterchi, Catherine M	1,040	\$10,634.00	Housekeepng	Housekeeping
	Sterchi, Catherine M	1,040	\$10,634.00	Laundry	Laundry
	Torres, Jessica	131	\$837.47	Student	Nursing
	Torres, Jessica	626	\$5,849.87	CNA	Nursing
	Torres, Jessica	734	\$4,588.77	N/A Companion	Activity
	Wold, Nathan	3	\$31.45	Dishwasher	Dietary
	Wold, Nathan E.	369	\$2,305.24	Maintenance Worker	Maintenance
	Youssi, Kimberly A	70	\$492.93	N/A Companion	Activity
	Youssi, Kimberly A	153	\$957.95	Student	Nursing
	Youssi, Kimberly A	431	\$4,017.94	CNA	Nursing
	Youssi, Melody	891	\$6,437.42	Laundry Aide	Laundry
	Youssi, Melody A	776	\$7,221.37	CNA	Nursing